

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(W)	71534	11-17-99
O.I.P.E. CLASSIFIER		8	11-19-99
FORMALITY REVIEW	59573		12-6-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date						
Final	6	11	6	12	3		
Original	14	29	14	15	17		
	10	22	25	26	28		
1	✓	✓	✓	✓	✓		
2	✓	✓		✓	✓		
3	✓	✓		✓	✓		
4	✓	✓		✓	✓		
5	✓	✓		✓	✓		
6	✓	✓		✓	✓		
7	✓	✓		✓	✓		
8	✓	✓		✓	✓		
9	✓	✓		✓	✓		
10	✓	✓		✓	✓		
11	✓	✓		✓	✓		
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15	✓	✓		✓	✓		
16	✓	✓		✓	✓		
17	✓	✓		✓	✓		
18	✓	✓		✓	✓		
19	✓	✓		✓	✓		
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here